

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CG-5473 (Rev. 06-04)

**ACTIVE DUTY
PANORAL RADIOGRAPH (PANOGRAPH)
BATCH TRANSMITTAL FORM**

1. FROM:		2. TO:	
a. NAME OF ORGANIZATION		DEERS SUPPORT OFFICE	
b. ORIGINATING OFFICE/CODE		ATTN: PANOGRAPH	
		P.O. BOX 16008	
		MONTEREY, CA 93940-6008	
c. MAILING ADDRESS (Include Street Address, City, State, 9 Digit ZIP Code)			
3. NUMBER OF PANOGRAPHS ENCLOSED:			
4. TRANSMITTAL NUMBER:			
_____	_____	_____	_____
BRANCH OF SERVICE	UIC/PAS CODE/RUC - MCC/OPFAC	DAY OF YEAR	BATCH NUMBER
5. SIGNATURE		AUTOVON NUMBER:	DATE: (YYMMDD)
		COMMERCIAL NUMBER:	

THIS FORM SHALL BE USED WHEN MAILING PANOGRAPHS TO THE DEERS SUPPORT OFFICE.

BLOCK 1:

- Give complete name of submitting activity. Abbreviate as necessary. Use no more than 27 characters. EXAMPLE: U.S. Army Dental Activity, Ft. Bragg, North Carolina would be abbreviated as USA DENTAC FT BRAGG NC.
- Give internal routing indicator, clinic ID, office code, or base P.O. Box. Use no more than 27 characters. EXAMPLE: ATTN: SGD or NAVHOSP Code 331.
- Give complete base name, street address (*when applicable*), city, state, 9 digit zip code. Use no more than 27 characters per line.

BLOCK 2: Self-explanatory.

BLOCK 3: Enter number of PANOGRAPHS being enclosed. Batch PANOGRAPHS in numbers of one hundred (100) per transmittal form or, as a minimum, monthly.

BLOCK 4: Branch of Service:

A - Army	P - Coast Guard
N - Navy	E - Public Health Service
M - Marine Corps	I - National Oceanic and Atmospheric Administration
F - Air Force	O - Other

UIC/PAS Code/RUC/OPFAC: Enter 8-character unique identifier. If unit code is less than 8 characters, precede it with zeros.

Day of Year: Enter 3-digit date code. EXAMPLE: February 16, 1985 is 047.

Batch Number: Enter 3-digit batch sequence number (001-999). For the first batch of each new day of year, begin with 001. If a unit identifier has more than one clinic that forwards PANOGRAPHS, the first digit may be assigned locally to differentiate between clinics. EXAMPLE: Clinic #1 would begin with 101, Clinic #2 would begin with 201, etc.

BLOCK 5: Enter signature of individual responsible for ensuring batch is forwarded, AUTOVON and Commercial phone numbers, and date batch forwarded.